

STATE OF IOWA  
DEPARTMENT OF ADMINISTRATIVE SERVICES – HUMAN RESOURCES ENTERPRISE

DONATED LEAVE FOR CATASTROPHIC ILLNESS  
IMMEDIATE FAMILY MEMBER  
REQUEST

**Definition -** “Catastrophic Illness” means a physical or mental illness or injury, as certified by a licensed physician, that will result in the inability of the employee to report to work for more than 30 work days to attend to an immediate family member on a consecutive or intermittent basis.

\_\_\_\_\_ employed by \_\_\_\_\_ has met  
(Recipient) (Department)

all of the eligibility criteria to receive donated leave hours for the care of his or her immediate family member.

If you want to donate leave to \_\_\_\_\_, request a “Donated Leave  
(Recipient)

For Catastrophic Illness of an Immediate Family Member Contributions” form from:

\_\_\_\_\_  
(Name)

( ) \_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

**NOTE:** This announcement will remain posted for as long as the recipient qualifies to receive donated leave.